

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVE 2 #01-02
SINGAPORE 486443
TEL:65446671 FAX:62141511
CO. REG:200707743D GST REG:200707743D

Our Ref: **SHC6355B/SR**

WITHOUT PREJUDICE

13 November 2021

(By Email)

Attn: The Motor Claims Department

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
#08-16
Singapore 079120

Dear Sir/Madam

ACCIDENT INVOLVING SHC6355B AND SMZ8788S ALONG NEW UPPER CHANGI ROAD // BEDOK NORTH ROAD ON 14/10/2021

We have been authorized by Premier Taxis Pte Ltd, the owner of Taxi vehicle number: **SHC6355B**, to claim against the party/parties responsible for the damages arising from the above-mentioned accident.

Our records show that you are the insurers of vehicle number: **SMZ8788S** at the material time of the accident with the driver of our client's vehicle, **Mr. Tan Chung (Chen Zhong) @ Mohamad Raziz Bin Abdullah**.

As a result of the accident caused by your Insured Driver's negligent driving and/or management of your insured's Vehicle Number: **SMZ8788S**, our client's vehicle was damaged and we have been put to loss and damage as follows:

(1) Cost of Repairs (Incl. GST)	\$ 948.02
(2) Loss of Rental – 3 Days @\$67.41 per day	\$ 202.23
(3) Loss of Income – 3 Days @\$100.00 per day	\$ 300.00
(4) GIA Search	\$ 2.00
	<u>\$1,452.25</u>

A copy of each of the following supporting documents is enclosed:

- (1) GIA report & sketch plan of **SHC6355B**
- (2) Final repair bill
- (3) Vehicle Registration card, Certificate of Insurance, Certificate Letter
- (4) Check In/Out Voucher
- (5) GIA search

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

Date of Submission	14/10/2021 10:42 (SGT)
Date of Accident	14/10/2021 08:00 (SGT)
Exact Location of Accident	New Upper Changi Rd, Singapore
Additional Location Information	NEW UPPER CHANGI ROAD // BEDOK NORTH ROAD
Country/State of Loss	Singapore

Vehicle Registration Number SHC6355B

Is company?	Yes
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Company Reg No	2XXXXX975H
Email Address	CLAIMS@PREMIERTAXI.COM
Mobile Phone No	(Phone) +65-91550072
Alternative Phone No	(Office) +65-62148880

Manufacturer	Kia
Model	Optima
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1700

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5107202885-02
Cover Note Number	5

Name of Driver	TAN CHUNG (CHEN ZHONG) @MOHAMAD RAZIZ BIN ABDULLAH
----------------	--

NRIC No	SXXXX502A
Date Of Birth	31/10/1972
Occupation	Outdoor
Date Of Driving Pass	22/03/1996
Driving experience	25 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94525665
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 252 #03-486
Address complement	TAMPINES ST 21
Postcode	520252
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PAX IN THE REAR SEAT - MALAY
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

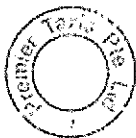
Vehicle Registration Number	SMZ8788S
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White

Vehicle Category	Private car
Name of Driver	CHAN WENG LOCK
NRIC No	SXXXX323E
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that :
(a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

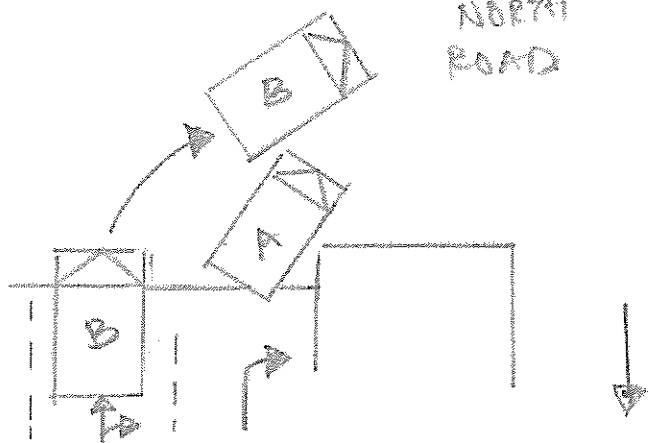
Sketch Plan

A: SHC 6355 B

B: SMZ 8788S

NEW UPPER
GIPINGI ROAD

BEDOK
NORTH
ROAD



Describe Circumstances of the Accident

Refer to sketch.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

Driver's Signature (If driver is not the policyholder) / Date & Time

14 OCT 2021

[Signature]

Witnessed by Reporting Centre Personnel

Describe Circumstances of the Accident.

ON 14/10/2021 @08:00HRS, I WAS DRIVING MY TAXI (SHC 6355 B) TRAVELLING ALONG NEW UPPER CHANGI ROAD AT THE TRAFFIC LIGHT JUNCTION OF BEDOK NORTH ROAD WITH A PASSENGER ONBOARD - ON LANE 1 (ARROW ON ROAD SURFACE SHOWS RIGHT TURN ONLY).

TRAFFIC LIGHT AT THE SAID JUNCTION - SHOWED GREEN LIGHT & GREEN ARROW ON MY ROUTE FAVOUR & I PROCEED AHEAD TO TURN RIGHT (INTO BEDOK NORTH ROAD - PASSENGERS DESTINATION).

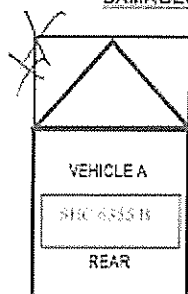
IN THE MIDST OF COMPLETING THE TURN, SUDDENLY VEHICLE B (SMZ 8788 S - M/BENZ - WHITE) WHICH WAS ON LANE 2 (ARROW ON ROAD SURFACE SHOWS STRAIGHT & RIGHT TURN) - FAILED TO KEEP IN LANE, HAD ENCROACHED & COLLIDED ONTO THE LEFT FRONT OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE LEFT FRONT PORTION. VEHICLE B HAD DAMAGES ON THE RIGHT REAR PORTION.

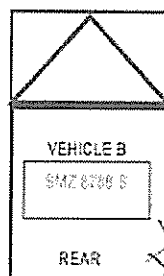
NO INJURY INVOLVED. NO AMBULANCE AT SCENE.
NO PASSENGERS ONBOARD VEHICLE B.

* VIDEO FOOTAGE CAPTURED


DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE

 57240502A

Driver's Signature & NRIC Number
Thursday, October 14, 2021 @ 10:28:06 AM

(attended by )



PREMIER AUTOMOTIVE SERVICES PTE LTD
OFFICE: 23 Changi South Avenue 2 #01-02 S(486443)
TEL: 65436676 / 65436689 FAX: 62141511
CO. REG NO.: 200707743D GST. REG. NO.: 200707743D

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way #08-16
Singapore 079120

TAX INVOICE

DATE 12-Nov-2021
PAGE 1 OF 1

ITEM	Description	QTY	U.PRICE	AMOUNT
	FINAL REPAIR BILL FOR KIA OPTIMA REGN NO: SHC6355B			\$ 886.00
TOTAL LUMP SUM REPAIR COSTS AS RECOMMENDED BY SURVEYOR				\$ 886.00
GST @ 7%				\$ 62.02
GRAND TOTAL				\$ 948.02



for Premier Automotive Services Pte Ltd

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	20 Jan 2015 / 08:56:15	Receipt No.:	AACCK001-AX239-150120-000005
Asset Type:	Vehicle	Transaction Amount:	\$66,097.00
Asset ID:	SHC6355B	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150120085615996159		

Vehicle No.:	SHC6355B
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)
Vehicle Attachment 1:	Air-Con (Taxi)
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Scheme:	Taxi (Company)

First Registration Date:	20 Jan 2015
Original Registration Date:	20 Jan 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5575384
Engine No.:	D4FDEH313275
Motor No.:	-
Trailer Chassis No.:	-
Propellant:	Diesel
Passenger Capacity:	4
Engine Capacity:	1685
Power Rating:	-
Unladen Weight:	1584
Maximum Laden Weight:	2050
Primary Color:	Silver
Secondary Color:	-
Manufacturing Year:	2014
Open Market Value:	\$20,693.00
Minimum PARF Benefit:	\$8,082.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	20 Jan 2015 08:56:15
COE No.:	2015012001001504R
COE Expiry Date:	19 Jan 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$52,486.00
Lifespan Expiry Date:	19 Jan 2023

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5107202885-02-000433

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SHC6355B**
Chassis Number : KNAGM414MF5575384
2. Name of Policyholder : PREMIER TAXIS PTE. LTD.
3. Effective Date of Insurance : 01 Apr 2021
4. Expiry Date of Insurance : 31 Mar 2022
5. Persons or Classes of Persons entitled to drive*
 - (a) The Policyholder.
 - (b) Any licensed taxi driver driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use*
 - (a) Use as a Taxi.
 - (b) Use for social domestic and pleasure purposes.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third- Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION I)	: N/A
EXCESS (SECTION II)	: S\$3,500
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : HL SUNTEK INSURANCE BROKERS PTE LTD (00000690672)
Date of Issue : 01 Apr 2021 14:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



05 November 2021

To Whom It May Concern

Dear Sir/Madam

CERTIFICATION LETTER

This letter serves to inform that Tan Chung (Chen Zhong) @ Mohamad Raziz Bin Abdullah of NRIC Number S7240502A is a registered driver of SHC6355B. Tan Chung (Chen Zhong) @ Mohamad Raziz Bin Abdullah is paying a discounted daily rental rate of \$67.41 (Inclusive of GST) on 14 Oct 2021.

Should you require further information, please contact us at 6214 8880.

Thank you.

Yours sincerely

A handwritten signature in black ink, appearing to be "Chin Bee Lian".



Chin Bee Lian (Ms)
Assistant Vice President
Taxis Administration

Prepared by: Hasnah

PREMIER TAXIS PTE LTD
23 Changi South Avenue 2
#03-02
Singapore 486443
Telephone: +65 6214 8880 Fax: +65 6214 0330
www.premiertaxi.com.sg
Co. Reg. No. 200304975H

CHECK IN / OUT VOUCHER

| | | | | | | |

DRIVER'S NAME **TAN CHUNH (CHEN ZHONH) (HIRER)**

INDICATE AREA OF DAMAGE HERE:

NRIC S

HANDPHONE **94525665**

TAXI REGN NO. S H **C6355B**

MAKE / MODEL **K02**

DATE IN **14/10/21** TIME IN **1010**

DATE OUT **21/10/21** TIME OUT **1630**

KILOMETRES IN **595294** FUEL IN ☐ E ☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ F

KILOMETRES OUT FUEL OUT ☐ E ☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ F

TAXI METER DOWNLOADED

YES
NO

DATE / TIME TOWED IN TO WORKSHOP

DATE / TIME CALL TO DRIVER FOR VEHICLE COLLECTION

I ACKNOWLEDGE AND CONFIRM THAT I HAVE EXAMINED THE ABOVE SAID VEHICLE AND THAT THE SAME IS IN GOOD CONDITION AND TO MY SATISFACTION IN EVERY RESPECT TOGETHER WITH THE ACCESSORIES / ITEMS LIST ABOVE. THIS VOUCHER IS USED IN CONJUNCTION WITH THE TERM RENTAL AGREEMENT.

CHECK IN
CHECK OUT
Tan Chunh X

Tan Chunh X

DRIVER'S NAME

DRIVER'S NAME

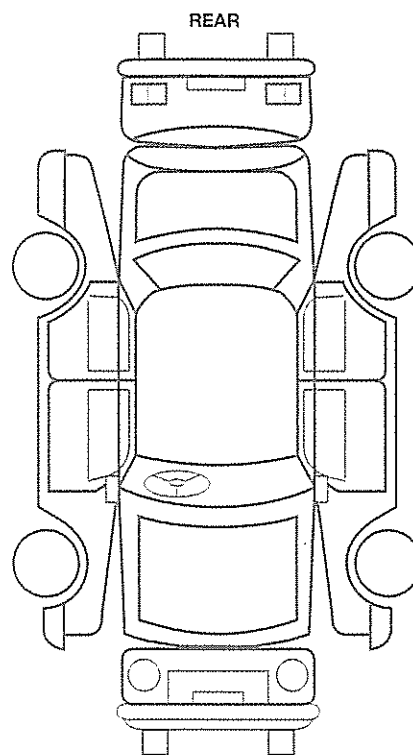
SS. X

SS. X

DRIVER'S SIGNATURE / DATE / TIME

DRIVER'S SIGNATURE / DATE / TIME

CHECKED IN BY
(PREMIER'S AUTHORISED WORKSHOP)

CHECKED OUT BY
(PREMIER'S AUTHORISED WORKSHOP)

FRONT

BODY MARKINGS

- | | |
|---------------------|-------------|
| 1 - Light Dent | 5 - Damaged |
| 2 - Serious Dent | 6 - Chip |
| 3 - Light Scratch | 7 - Crack |
| 4 - Serious Scratch | 8 - Peeling |

SERVICE / REPAIRS DONE

DRIVER'S REMARKS

- | | |
|---|--|
| <input type="checkbox"/> SERVICING | <input type="checkbox"/> OTHERS: |
| <input type="checkbox"/> T / BELT | |
| <input type="checkbox"/> AIRCON SYSTEM | <input checked="" type="checkbox"/> ACCIDENT: DATE / TIME of ACCIDENT: |
| <input type="checkbox"/> TURBO | 14/10/21 0800 |
| <input type="checkbox"/> BRAKE SYSTEM | |
| <input type="checkbox"/> CLUTCH SYSTEM | |
| <input type="checkbox"/> BULB | |
| <input type="checkbox"/> UNDER CARRIAGE | TP/BK |
| <input type="checkbox"/> CPF | |
| <input type="checkbox"/> BATTERY | |


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SMZ8788S

Date of Accident

14/10/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**Period of Insurance **03/03/2021 - 02/03/2022**Requested By **NG BOON KAI (PREMIER AUTO...**Requested Date **14/10/2021 11:09****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**